

Prepared by and Return to:  
Davis Law Firm, P.C.  
Attorneys at Law  
5185 Getwell Road  
Southaven, MS 38671  
(662) 393-8542  
05-317

Catherine F. Russell, David A. Russell, Danny R. Russell, and Carol Ann Passmore  
GRANTORS,

TO:

WARRANTY DEED

William Christopher Wilson  
GRANTEE

For and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of which is hereby acknowledged Catherine F. Russell, David A. Russell, Danny R. Russell, and Carol Ann Passmore, the undersigned Grantors do hereby sell, convey, and warrant unto the above Grantee, William C. Wilson, the following described real estate, located and situated in DeSoto County, Mississippi and more particularly described as follows, to-wit:

Lot 2462, Section L, Southaven West Subdivision, in Section 27, Township 1 South, Range 8 West, as per plat thereof recorded in Plat Book 4, Pgc 51, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Walter A. Russell died on August 2, 2004 in DeSoto County, Mississippi. A death certificate is attached hereto and made a part hereof.

The warranty of this deed is subject to rights of way and easements for public roads and public utilities; to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi; and to the covenants, limitations and restrictions set forth with the recorded plat of said subdivision as well as any amendments thereto.

This property at no time constituted any part of Grantors homestead.

Taxes have been prorated and possession is given with the deed.

This document may be signed in counterparts.

Witness my signature this the 24th day of May, 2005

Catherine F. Russell  
Catherine F. Russell

David A. Russell  
David A. Russell  
Danny R. Russell  
Danny R. Russell

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named Catherine F. Russell, David A. Russell, Danny R. Russell who acknowledged that they signed and delivered the above and foregoing instrument on the day and year therein mentioned.

GIVEN UNDER THE HAND and seal this 24th day of May, 2005  
Notary Public State of Mississippi  
At Large  
My Commission Expires June 26, 2005  
BONDED THRU  
HEIDEN, BROOKS & GARLAND, INC.  
My Commission Expires  
Grantor's Address  
1840 Pecan Grove Drive  
Southaven, MS 38671  
(H) 662-349-4446  
(W) N/A  
Grantee's Address  
7781 Custer Cove  
Southaven, MS 38671  
(H) 901 262 8397  
(W) 662 357-1111

Davis

Carol Ann Passmore  
Carol Ann Passmore

STATE OF KENTUCKY  
COUNTY OF CALLOWAY

Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named Carol Ann Passmore who acknowledged that she signed and delivered the above and foregoing instrument on the day and year therein mentioned.

Given under my hand and seal this \_\_\_ day of May, 2005

Bette Jean Smith  
NOTARY

My Commission Expires: 7-13-05

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

## CERTIFICATE OF DEATH

State of Mississippi

123

04-016393

FILL IN PRINT  
WITH BLACK INKFILING  
DATE

AUG 18 2004

DECEASED

1. NAME

Walter Allen Russell

Male

2. SEX

6:35p m

3. HOUR OF DEATH

August 2, 2004

3a. DATE OF DEATH (Month, Day, Year)

4. RACE (Specify White, Black, American Indian, etc.)

White

5a. AGE AT LAST BIRTHDAY

77 years

5b. DATE OF BIRTH (Month, Day, Year)

March 8, 1927

6. DATE OF BIRTH (Month, Day, Year)

DeSoto

7a. COUNTY OF DEATH

Death occurred in a hospital, see AIRBOOK regarding completion of DECEASED name

7b. CITY OR TOWN OF DEATH

Southaven

8. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in AIRBOOK, give street address, route number or other location)

1840 Pecan Grove Drive

9. IF IN HOSP. OR INST. SPECIFY

N/A

10. STATE OF BIRTH

Mississippi

11. OCCUPATION (Specify only highest grade completed)

High School Graduate

12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED

Married

13. SURVIVING SPOUSE (If male, give name)

Catherine Ferrell

14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)

Yes

15. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)

American

16. SOCIAL SECURITY NUMBER

427-34-7285

17. USUAL OCCUPATION (If not at work, give usual occupation)

Retired

18. KIND OF BUSINESS OR INDUSTRY

Tennis Gas

19a. RESIDENCE - STATE

Mississippi

19b. COUNTY

DeSoto

19c. CITY OR TOWN

Southaven

19d. INSIDE CITY LIMITS

Yes

19e. STREET AND NUMBER OR RURAL LOCATION

1840 Pecan Grove Drive

PARENTS

20. FATHER - NAME

Walter Allen Russell, Sr.

20. MOTHER - NAME

Lennie

Gunter

INFORMANT

21a. INFORMANT - NAME (Type or print)

Catherine Ferrell Russell

21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

1840 Pecan Grove Drive, Southaven, MS 38671

DISPOSITION

22a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

22b. CEMETERY, CREMATION - NAME

Twin Oaks Memorial Gardens

22c. LOCATION (City and State)

Southaven, MS

22d. EMBALMER - SIGNATURE AND NUMBER

ES-807

23a. FUNERAL HOME - NAME AND ADDRESS (Type or print)

Twin Oaks Funeral Home 17T

23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

290 Goodman Road East, Southaven, MS 38671

ANNOUNCEMENT

24a. PERSON WHO ANNOUNCED DEATH - NAME AND TITLE (Type or print)

Diane Price, R.N.

24b. ANNOUNCED DEAD (Month, Day, Year)

August 2, 2004

24c. ANNOUNCED DEAD (Hour)

8:00p m

CERTIFIER

25a. CERTIFIER - NAME (Type or print)

Jeffery Pounders

25b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

4942 Pounders Road, Nesbit, MS 38651

Mississippi State Department of Health  
Form No. 57  
Revised 1-1-80

25c. To the best of my knowledge, death occurred due to the cause(s) and manner of death.

25d. DATE SIGNED (Month, Day, Year)

25e. STATE LICENSE NUMBER

25f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

25g. DATE SIGNED (Month, Day, Year)

25h. TITLE

25i. DATE SIGNED (Month, Day, Year)

25j. TITLE

25k. DATE SIGNED (Month, Day, Year)

25l. TITLE

25m. DATE SIGNED (Month, Day, Year)

25n. TITLE

25o. DATE SIGNED (Month, Day, Year)

25p. TITLE

25q. DATE SIGNED (Month, Day, Year)

25r. TITLE

25s. DATE SIGNED (Month, Day, Year)

25t. TITLE

25u. DATE SIGNED (Month, Day, Year)

25v. TITLE

25w. DATE SIGNED (Month, Day, Year)

25x. TITLE

25y. DATE SIGNED (Month, Day, Year)

25z. TITLE

CAUSE OF DEATH

26. PART I

DEATH CAUSED BY:

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

(k)

(l)

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